PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/562106

		Lile	ctive Decc	11,001 0,	, ====					\sim 1	20010	<u>v</u>
CLAIMS AS FILED - PART I								SMALL ENTITY TYPE OR		OR	OTHER THAN SMALL ENTITY	
(Column 1) (Column 2)								RATE	FEE	ſ	RATE	FEE
U.S. NATIONAL STAGE FEES								BASIC FEE		OR	BASIC FEE	300
ASI	C FEE		OWNER CITY, VIII			ENT. = \$ 300 er situations =					EXAM. FEE	1/0
ΧAΝ	MINATION FEE		(4) = \$50/\$100 \$100			00 / \$ 200		EXAM. FEE			EXAM. FEE	100
EAF	RCH FEE «	₹.				er situations = 150 / \$ 500		SEARCH FEE			SEARCH FEE	200
EE	FOR EXTRA SF	PEC. PGS.	minus 100 = /			/ 50 =		X \$ 125 =			X \$ 250 =	
OTA	AL CHARGEAB	LE CLAIMS	9 min			X \$ 25 =		OR	X \$ 50 =	ļ		
— NDF	PENDENT CLA	IMS	3 "			X \$ 100 =		OR	X \$ 200 =			
MULTIPLE DEPENDENT CLAIM PRESENT								+ \$ 180 =		OR	+ \$ 360 =	
If the difference in column 1 is less than zero, enter "0" in column 2							,	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								SMALL ENTITY			OTHER THAN SMALL ENTITY	
<		(Column 1) CLAIMS REMAINING AFTER		HIGH NUM PREVI	HEST MBER HOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
IENT	Tabel	AMENDMENT .	Minus	**	7700	=	1	X \$ 25 =		OR	X \$ 50 =	
AMENDMENT	Total		Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
AM	Independent	CATATION OF A	<u> </u>	PENDENT	CLAIM		1	+ \$ 180 =		OR	+ \$ 360 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						٦	TOTAL ADDIT		ÖR	TOTAL ADDIT	
		(Column 1)		HIG	umn 2) SHEST	(Column 3)	٦.		ADDI-	7	RATE	ADDI TIONA
8		REMAINING AFTER AMENDMENT		PREV	MBER MOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE			FEE
MEN	Total	•	Minus	44		=		X \$ 25 =		OR		
AMENDMENT B	Independent	*	Minus	***		= .		X\$ 100 =		OF	X \$ 200 =	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						7	+\$ 180 =		OF		
								TOTAL ADDI	Τ.	OF	TOTAL ADDIT	·
•	If the entry in co	lumn 1 is less than	the entry in colum	nn 2, write "	o" in colum	nn 3. 20'. enter "20".						
44	' If the "Highest N "If the "Highest N The "Highest No	lumber Previously F lumber Previously F umber Previously Pa	Paid For IN THIS Paid For (Total or	SPACE Is Independen	less than '	'3', enter "3". Ighest number for	und i	in the appropriate	box in column	1.	U.S. DEPARTMENT	OF. COMME
								Paten	SUG LINCOLLINE	Oiles -	0.0.00.	